

**Performance  
Measure #68d**

**Emergency Medical Services for Children (EMSC) Program  
Implementation Manual for EMSC State Partnership  
Performance Measures**

**Performance Measure #68d**

The integration of EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations.

**Significance of Measure**

For the EMSC Program to be sustained in the long-term and reach permanence, it is important for the Program's priorities to be integrated into existing State/Territory EMS or hospital/healthcare facility statutes and regulations. Integration of the EMSC priorities into EMS or hospital/healthcare facility statutes/regulations will help to ensure pediatric emergency care issues and/or deficiencies are being addressed State/Territory-wide for the long-term.

**Definition(s)**

*EMSC*

The component of EMS that addresses pediatric and adolescent needs, and the Program that strives to ensure the establishment and permanence of that component.

*Priorities*

The priorities of the EMSC Program include the following five areas:

1. Pre-hospital provider agencies in the State/Territory have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support (ALS) providers.
2. Pre-hospital provider agencies in the State/Territory have the essential pediatric equipment and supplies, as outlined in AAP/ACEP Joint Guidelines for BLS and ALS ambulances.
3. The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies.
4. Hospitals in the State/Territory have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following:
  - Transportation of individuals, staff, and equipment to the alternate care site
  - Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site
  - Individual tracking to and from the alternate care site
  - Inter-facility communication between the organization and the alternate care site
5. The adoption of requirements by the State/Territory for pediatric emergency education for the recertification of paramedics.

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## Requirement

By 2011, all five EMSC priorities will have been integrated into existing EMS or hospital/healthcare facility statutes/regulations.

## Calculation

Calculation of this measure involves completing the attached Data Collection Form. Indicate whether all five EMSC priorities have been integrated into existing EMS or hospital/healthcare facility statutes and regulations. If all five priorities have *not* been integrated into existing EMS or hospital/healthcare facility statutes and regulations, please indicate on the form the progress your State/Territory has made towards integrating EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations using the scale provided.

## Data Collection and Analysis

The following are potential data sources for collecting supporting documentation for this measure. Supporting documentation will be necessary to demonstrate either: 1) integration of one or more of the EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations, or 2) progress towards integrating EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations (if none of the EMSC priorities have been integrated).

A data source and an example of supporting documentation for those States/Territories that have integrated *one or more* of the EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations is provided first, followed by examples of supporting documentation for those States with *none* of the five EMSC priorities integrated into the EMS or hospital/healthcare facility statutes and regulations.

### ***Potential Data Source for Collecting Supporting Documentation for Those States with One or More of the EMSC Priorities Integrated into EMS or Hospital/Healthcare Facility Statutes and Regulations***

**State/Territory EMS Rules, Regulations, Codes, or Policies:** Your State/Territory's EMS or hospital/healthcare facility Rules, Regulations, Codes, or Policies may contain requirements related to the EMSC priorities.

- Review your State/Territory's EMS or hospital/healthcare facility Rules, Regulations, Codes, or Policies on an annual basis for requirements related to the EMSC priorities.
- *Supporting documentation* for the measure may include a copy of the EMS or hospital/healthcare facility Rules, Regulations, Codes, or Policies stating requirements related to the EMSC priorities.

### ***Potential Supporting Documentation for Those States with None of the EMSC Priorities Integrated into EMS or Hospital/Healthcare Facility Statutes and Regulations***

As stated above, supporting documentation is also required to demonstrate progress made towards integrating EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations. Refer to the attached Data Collection Form for the scale that will be used to indicate

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the progress your State/Territory has made towards integrating EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations. The type of supporting documentation to submit to HRSA will depend on where your State falls on the scale. **Exhibit 3** below provides examples of supporting documentation that your State/Territory may submit to HRSA by each point on the scale.

**Exhibit 3:  
Examples of Supporting Documentation by Point on Scale**

<b>Point on Scale</b>	<b>Supporting Documentation</b>
<b>0</b> = No EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations.	No supporting documentation is needed
<b>1</b> = While no EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations, some progress has been made towards integrating any of the EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations through preparatory activities (e.g., assembly of a task force, establishment of partnerships and alliances, and conduct of a needs assessment).	Task force meeting minutes; partnership/alliance agreements; needs assessment documents
<b>2</b> = While no EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations, further progress has been made towards integrating any of the EMSC priorities into existing statutes/regulations (e.g., meetings with legislators have occurred, a bill has been drafted, proposals for integrating the EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations are moving forward).	Copies of 1) bill(s) drafted, and/or 2) proposal(s) for integrating the EMSC priorities into EMS statutes and regulations, and/or 3) State's Administrative Register that includes information on the status of the bill(s)

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## Case Study

### New Jersey's Experience Integrating EMSC Priorities into State Legislation

In 1990, pediatric and EMS proponents in New Jersey formed an informal group to work to improve the state's pediatric EMS system. One pediatrician took the lead in many of the group efforts and began working with the media to draw attention to the deficiencies in the state's pediatric EMS system. This pediatrician also worked with legislators and the state Office of Legislative Services to draft EMSC legislation.

In February of 1991, a bill was introduced to establish an independent Office of Pediatric EMS, run by a Governor-appointed physician director. Unfortunately, the bill proved too costly and died at the end of the legislative session.

In December of 1991, a more formal EMSC coalition was organized that included emergency physicians, EMS providers, representatives from the New Jersey chapter of the American Academy of Pediatrics, the Association for Children of New Jersey, the Junior Leagues of New Jersey, and other concerned individuals. Coalition members identified the following goals to guide their efforts for the upcoming legislative session:

- Provide initial and continuing education programs for EMS personnel;
- Establish triage guidelines;
- Create pediatric equipment guidelines for pre-hospital care;
- Establish guidelines for hospital emergency departments, pediatric intensive care units, pediatric trauma centers, and intermediate care units;
- Implement an inter-hospital transfer system; and
- Assure that there are appropriately staffed pediatric rehabilitation units

Each individual was assigned to a task. For example, the AAP representative rallied fellow pediatricians while members of the Junior Leagues of New Jersey worked with legislators and identified sponsors for the bill.

To ensure they had the support of the state health department, the coalition invited input from the Office of EMS (OEMS). OEMS worked with the coalition for several weeks to assure that all relevant aspects of the EMS system and the state bureaucracy were written into the proposed legislation. OEMS also urged the group to integrate any proposed EMSC programs into EMS rather than fragment care by creating a separate entity.

In February 1992, the new legislation was introduced in the New Jersey Senate. Unlike its predecessor, the bill established the EMS for Children program within OEMS and made provisions for a full-time coordinator and office staff. In addition, the legislation established an EMSC Advisory Council and allowed the program to solicit funds, donations, and grants to supplement state monies and develop new initiatives.

One month later, members from the Department of Health, OEMS, and the EMSC coalition testified in support of the bill, during a hearing of the Senate Women's Issues Children and Family Services Committee. The committee, which was chaired by the primary sponsor of the bill, approved the legislation.

In June 1992, during a hearing in the state Assembly, a sponsor of a similar piece of legislation agreed to change his bill to match the Senate version. The coalition's bill was amended, moved, and passed. On September 10, 1992, the governor of New Jersey signed the bill into law, making New Jersey the first state to pass legislation institutionalizing the activities begun under the EMSC federal grant program.

Please refer to *EMSC's Role in Shaping Policy: A Practical Guide to Changing Minds and Saving Lives* for the complete guide to navigating the legislative process. This document lays out the regulations and process for passing such legislation, including information on lobbying rules, helpful hints for working within these rules, creating a coalition and establishing a policy agenda, alternatives to the legislative process, and other public policy resources.

**Source:** Benson, Pamela. (2000). *EMSC's Role in Shaping Policy: A Practical Guide to Changing Minds and Saving Lives*. Washington, DC: Emergency Services for Children, National Resource Center.

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## **Reporting**

- Report whether all five EMSC priorities have been integrated into existing EMS State's Administrative Register statutes/regulations on an annual basis to HRSA via the Electronic Handbook (EHB). You will receive more specific information on how to access and use the EHB in your notice of grant award. Please refer to these instructions.
- Supporting documentation should be submitted with your EMSC continuation application each year. Examples of supporting documentation are provided above.

## **Follow-up**

- Once the data are submitted to HRSA, NEDARC will analyze the data and report aggregated national data to NRC and HRSA/MCHB.
- EMSC NRC and NEDARC will track your progress and may contact you to address any questions or concerns regarding your progress towards meeting the measure.

## **Implementation Considerations**

- This is a long-term measure that may require instituting regulatory changes; changes that may take a significant amount of time to accomplish. To address this issue, States/Territories have until 2011 to meet the measure and can report their progress along the way by reporting a numeric value of where they are on the scale of the measure (see attached Data Collection Form).

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**Data Collection Form for Performance Measure #68d**

1. Have all five EMSC priorities been integrated into existing EMS or hospital/healthcare facility statutes/regulations?

☐ YES ☐ NO

*Note:* If “Yes,” attach supporting documentation for the measure to your EMSC continuation application.

2. If “No,” please indicate the point on the scale below that best reflects the progress your State/Territory has made towards integrating EMSC priorities into EMS or hospital/healthcare facility statutes/regulations:

0 = No EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations.

1 = While no EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations, some progress has been made towards integrating any of the EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations through preparatory activities (e.g., assembly of a task force, generation of partnerships and alliances, conduction of a needs assessment).

2 = While no EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations, further progress has been made toward integrating any of the EMSC priorities into existing statutes/regulations (e.g., meetings with legislators have occurred, a bill has been drafted, proposals for integrating the EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations are moving forward).

3 = One to two EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations.

4 = Three to four of EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations.

**Score on Scale: \_\_\_\_ (e.g., 1)**

*Note:* Attach documentation (see **Exhibit 3**) to support this score with your EMSC continuation application.

Comments: \_\_\_\_\_  
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